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**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*\*\*\*** *cont 4/4/07*  
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**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *cont 4/4/07*  
 DENMARK PA 2002 01284 09/02/2002

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 06/26/2006**

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <i>4/4/07</i>	STATE OR COUNTRY DENMARK	SHEETS DRAWING 6	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met				
Verified and Acknowledged <i>Christopher D. Kichanek</i> <i>CPK</i> Examiner's Signature Initials				

**ADDRESS**  
 757

**TITLE**  
 Device for subcutaneous administration of a medicament to a patient

<b>FILING FEE RECEIVED</b> 1150	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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